

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

LEVITT et al.

Serial No.: 09/939,209

Filed: August 24, 2001

Art Unit: 1636

Examiner: C. Qian

Attorney Docket No.: 00-539-US

**METHODS AND SYSTEMS FOR
FACILITATING THE DIAGNOSIS
AND TREATMENT OF
SCHIZOPHRENIA**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**PETITION AND FEE FOR EXTENSION OF TIME
PURSUANT TO 37 C.F.R. § 1.136(a)**

Dear Sir:

Applicants hereby petition for an extension of time for a total period of five months, through and including September 19, 2003, to respond to the Office Action mailed on March 19, 2003. If an additional extension of time is required to insure that this paper is timely filed, please consider this a petition therefor.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being

MAILED

deposited with the United States Postal Service on September 19, 2003 with sufficient postage as first-class mail in an envelope addressed to the Commissioner of Patents, P.O. Box 1450 Alexandria, VA 22313-1450

FACSIMILE

transmitted by facsimile on [date] to the U.S. Patent and Trademark Office.

Type Signature Name


(Signature of person mailing paper or fee)

(Signature of person mailing paper or fee)

- The Response to Office Action for which this extension is requested
 is filed herewith.
 has been filed.
- The response is the filing of a continuing application on the same date hereof, and the abandonment of this application is expressly conditioned on the granting of a filing date for the continuing application.

Applicant is

- a small entity - verified statement
 is attached.
 has been filed.
 other than a small entity.

The extension fee required under 37 C.F.R. § 1.17(a)(1)-(a)(5) is calculated below:

	<u>LARGE ENTITY</u>	<u>SMALL ENTITY</u>
<input type="checkbox"/> one month	\$ 110	\$ 55
<input type="checkbox"/> two months	\$ 410	\$ 205
<input type="checkbox"/> three months	\$ 930	\$ 465
<input type="checkbox"/> four months	\$1,450	\$ 725
<input checked="" type="checkbox"/> five months	\$1,970	\$985
Fee:	\$	\$985.00

- Applicant encloses herewith a check for \$00 to cover the extension of time fee for months.
- The Commissioner is authorized to charge the \$[amount] extension fee to Deposit Account No. 18-0582.

- Applicant encloses herewith a completed Credit Card Payment Form
authorization the charge of \$985.00 to cover the extension of time fee for five months.
- The Commissioner is hereby authorized to charge payment of any additional
extension fees associated with this communication or credit any overpayment to Deposit Account
No. 18-0582. A duplicate copy of this petition is attached.

Respectfully submitted,



Dated: September 19, 2003

James G. Dilmore
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